



St. Joseph Mercy Hospital

Maple Urgent Care
501 N. Maple Road
Ann Arbor, MI 48103
(800) 676-0437

Last Name : HEFFERNAN
First Name : NICOLE
Account Number : 0122299463194
Service Date : 7/13/2013

Credit Card - Sale

--- Approved ---

Response Message : APPROVAL
Response Code : 000

Jul 13 2013 12:55:28 PM

Card Type : VISA
Card Holder Name : NICOLE L HEFFERNAN
Card # : *****8237

Auth Amount : \$20.00
Auth Code : 113155

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO MY CARD HOLDER AGREEMENT.

X _____
(Signature)

Thank You for your payment!

**St. Joseph Mercy Maple Urgent Care
501 N. Maple Rd.
Ann Arbor, MI 48103
(734) 327-3933**

HEFFERNAN, NICOLE L, Please provide this information to your Primary Care/Specialist

Name : HEFFERNAN, NICOLE L
DOB : 11/21/1977 12:00 PM

Current Date : 7/13/2013 12:45:46
Primary Physician : Physician , Urgent Care

Diagnosis : Lumbar strain 847.2; Sciatica 724.3

Laboratory Orders: None Ordered

Radiology Orders: None Ordered

Diagnostic Tests: None Ordered

Procedure(s) & Patient Education(s) : Sciatica; Low Back Pain (WILLIAMK)

Date	Amount Due
10/11/2012	\$20.00
09/09/2012	\$12.00
06/07/2012	\$20.00
05/07/2012	\$20.00

Payments Since Last Statement

Date	Description	Source	Amount
07/31/2013	CO-PAYMENT	Visa (#8237)	20.00
07/19/2013	CO-PAYMENT	Visa (#8237)	20.00
01/08/2013	PATIENT PAYMENT	Credit Card	20.00
			Total: \$60.00

Letters

Click on a row to view the letter.

No letters are available for this account.

There may be prorated balances on your current statement that are not included in the outstanding balance amount.

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University of Michigan Health Systems

Account ID.....: 8984081
Guarantor ID...: 472179
Patient Name...: HEFFERNAN, CONOR J
Department....: MH PED GI
Provider: GISSLEN, KERI

Guarantor Name..: HEFFERNAN, BRIAN
Date.....: 05/16/2013
Amount Received : \$20.00

Details

Type	Source	Reference	Payment
Office Vis	Visa	8237	20.00

Total Amount: 20.00

User.....:

Signature.....: _____

If you need an itemized receipt, please call Customer Service at 1-855-855-0863 or 734-615-0863.

University of Michigan Health Systems

Account ID....: 9821667
Guarantor ID...: E498230
Patient Name...: HEFFERNAN, NICOLE L
Department....: BW10 FAMILY ME
Provider: DENAY, KERI LE

Guarantor Name...: 507641
Date.....: HEFFERNAN, NICOLE
07/19/2013
Amount Received : \$20.00

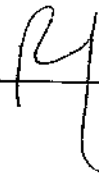
Details

Type	Source	Reference	Payment
Office Vis	Visa	8237	20.00

Total Amount: 20.00

User.....:

Signature.....:



A handwritten signature in black ink, appearing to be 'Ry', is written over a horizontal line.

If you need an itemized receipt, please call Customer Service at 1-855-855-0863 or 734-615-0863.

University of Michigan Health Systems

Account ID....: 9978857
Guarantor ID..: E498230
Patient Name..: HEFFERNAN, NICOLE L
Department....: BW10 FAMILY ME
Provider: RUFFIN, MACK T

507641
Guarantor Name..: HEFFERNAN, NICOLE
Date.....: 07/31/2013
Amount Received : \$20.00

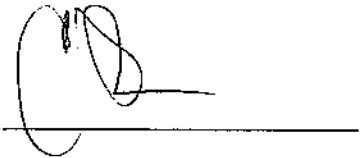
Details

Type	Source	Reference	Payment
Office Vis	Visa	8237	20.00

Total Amount: 20.00

User.....:

Signature.....:

A handwritten signature in black ink, appearing to be 'M. Ruffin', written over a horizontal line.


If you need an itemized receipt, please call Customer Service at 1-855-855-0863 or 734-615-0863.

MAKE CHECKS PAYABLE TO:

IHA
 PO Box 131186
 Ann Arbor, MI 48113-1186


STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
07/23/13	\$0.00	5345052
TAX ID NUMBER	SHOW AMOUNT PAID HERE	
383316559	\$ 20	

ADDRESSEE:


 Heffernan, Nicole
 8211 Bridgeway Dr

Dexter, MI 48130
 USA

REMIT TO:


 IHA
 PO Box 131186

Ann Arbor, MI 48113-1186

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	CPT4	DIAG	DESCRIPTION OF SERVICE	AMOUNT
07/23/13	Heffernan, Madison	Waier MD, Matthew	99213	464.4	Offic/outpt Em Estab Low-mod (QTY 1)	\$103.00
07/23/13					Patient Pay MC/Visa (QTY 1)	-\$20.00
<p>ACCOUNT NBR: 5345052 CHARGES: \$103.00 PAYMENTS: -\$20.00 REFUNDS/ADJUSTMENTS: \$0.00 ESTIMATED BALANCE DUE FROM INSURANCE: \$83.00 BALANCE DUE FROM PATIENT: \$0.00</p>						

MESSAGE:

Payment of the patient balance is due upon receipt. A late fee of 1.5% monthly will be charged if payment is not received within 30 days for services provided.

PLEASE PAY THIS AMOUNT »»»»	\$0.00
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**** PAYMENT DUE UPON RECEIPT * THANK YOU ****
ENCOUNTER INVOICE

Printed by bonnie_rogers (1674) on 7/23/2013 10:20:06 AM

16. Patient Name: *Conor Heffernan*

DOB: *10-24-09*

Primary Care Physician: *Weier*

A

131186
148113-1186
17-7700

BCN-Flu Tc

PATIENT NAME Heffernan, Conor James		SSN	DOB 10/24/2009	AGE 3 yrs.	SEX M	MEDICAL RECORD 767212
PATIENT ADDRESS 8211 Bridgeway Dr Dexter, MI 48130		PHONE (H) (734) 945-1663 (W) (734) 657-2320	APPOINTMENT Date: 04/06/13 Time: 3:10 P	DETAILS diarrhea/purple l face/breathing fi		
INSURANCE INFORMATION M Premier Care/BCN		GROUP NAME	GROUP NUMBER 00124316	POLICY NUMBER 891382400	EVENT Office Visit	
RENDERING PHYSICIAN NAME Paryani MD, Archana	REFERRING PHYSICIAN NAME Waier MD, Matthew	REFERRING location		LAST PRIMARY DX 787.91	Primary Care Physician Waier MD, M...	ENCOUNTER 16989125
AMOUNT OF LAST PAYMENT \$19.80	DATE OF LAST PAYMENT 02/01/2013	CHART BALANCE -\$9.91	PATIENT INS BALANCE \$0.00	PATIENT SELF BALANCE -\$9.91	insurance Name BCN	Eligibility Active/20/ms

Clinical In

VFC Eligibility: (circ

i Medicaid i Uninsured i Underinsured i MII

16. Reason for visit:

*Diarrhea + ~~Red~~ Purple lips +
rash on face*

Time: *3:15*

Schedule Tests	Office Visit Levels	Patient Documents	
	99201	99211	X Type #
	99202	99212	RX
	99203	99213	Lab
	99204	99214	Work Note
	99205	99215	Patient Education
	Sports PE	99499	Patient Education

Schedule Revisits

Follow-up Visit w/ NP/PA physician Ov Prev

Days: with

Weeks: with

Months: with

Referrals

Circle: New Cont. of Care

1) To:

Phone: # of visits

DX:

Circle: New Cont. of Care

1) To:

Phone: # of visits

DX:

Circle: New Cont. of Care

1) To:

Phone: # of visits

DX:

Additional CPT or ICD-9 Codes
For Preventive Services

Pelvic & Pap

Pelvic Exam Only (No Pap)

Medicare Wellness Exam (G0438)

Counseling Admin (90460) how many?

Forms (99080)

Payments

Cash

Check #

MC/Visa

Discover

PLAN CO-PAY \$20.00	TODAY'S CHARGES	TODAY'S PAY/ADJ 20 \$0.00	TODAY'S ENDING BALANCE	TIME PRINTED 04/06/13 3:25 PM
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X-Ray Ordered
X-Ray Completed

D/C Time 4:50

Check In Time 4:21

Name: Conor J Heffernan | DOB: 10/24/2009 | MRN: 045798963 | PCP: Matthew Robert Waier, MD

Account Details (Conor)

Guarantor Account #: 472179

Guarantor Demographics

Guarantor: HEFFERNAN,BRIAN JOHN

Account Number: 472179

Address: 8211 BRIDGEWAY DR
DEXTER MI 48130-9393

Home Phone: 734-657-2320

Work Phone:

Amount Due

0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00

Outstanding Accounts

Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance
Patient: Heffernan,Brian John				
Account #9933143 - Visit on 07/10/2013 at BRIARWOOD 10				
Professional Services	218.00	-218.00	0.00	0.00
Account #10069800 - Visit on 08/07/2013 at DOMINO'S FARMS				
Professional Services	181.00	-161.00	0.00	20.00
				Outstanding Balance: \$20.00

Statements

Click on a row to view the statement.

Date	Amount Due
09/01/2013	\$20.00
09/30/2012	\$20.00